

**MARICOPA COUNTY BOARD OF HEALTH MEETING MINUTES**

**Monday, April 23, 2012**

**301 W. Jefferson Street, 10<sup>th</sup> Floor**

**Phoenix, Arizona 85003**

**Board of Supervisors Conference Room**

Mr. Cassano called the meeting to order at 3:02 pm.

**ROLL CALL:**

**Members Present:**

Bryant Boyack, M.D.

Don Cassano

Andrew Ingram

Zuhdi Jasser, M.D.

Francisca Montoya

Maricopa County Supervisor Stapley, District 2

Kip Steill

**Members Excused:**

Shannon Smith

Brian Spicker

**Guests:**

Sherry Gillespie,

Arizona Restaurant Association

Ex-Officio: Bob England, M.D.

**CALL TO THE PUBLIC:**

Don Cassano advised that if anyone from the public is present at the meeting today who would like an opportunity to speak, a Speaker Request Form is available and must be filled out prior to addressing the Board of Health. The Board of Health cannot take action on but only discuss questions from the public under the Call to the Public section.

**ACTION/DISCUSSION ITEMS:**

**1. Approval of the October 24, 2011 BOH Minutes**

Francisca Montoya made the motion to approve the October 24, 2011 Board of Health minutes.

Kip Steill seconded the motion. The motion passed unanimously.

**2. Fee Waiver Applications**

Ms. Jeannie Taylor of Environmental Services presented 36 fee waiver applications to the Board of Health. The department of Environmental Services does not object to any fee waiver application.

Kip Steill made the motion to approve all fee waiver applications. Supervisor Stapley seconded the motion. The motion passed unanimously.

**3. Proposed Indoor Play Ordinance**

Mr. John Kolman, director of Environmental Services, presented a proposal on behalf of District 1 of an indoor playground ordinance to address some issues that have been raised. At the end of the presentation, we are seeking the board's guidance on whether they would like us to pursue moving forward in what would be considered a rule making process and stakeholder process. Some of the ideas that would be included in the ordinance would be hand washing facilities, cleaning and maintenance.

Time to time we have had complaints about current play areas and we have addressed it through our current guidelines and codes.

*Dr. Jasser arrived*

Supervisor Fultron Brock of District 1 presented Dr. Erin Carr-Jordan and Dr. Anissa Furr who are making a presentation on the necessity of inputting an indoor ordinance play into effect. The idea is to consider as part of a restaurant inspection the play area. The state of Arizona has allowed various counties to work within their own measures and standards regarding these facilities. This ordinance does not include outside playgrounds or play areas; this is specifically geared toward play areas in which food is found in playground areas.

Dr. Erin Carr-Jordan began her presentation by introducing herself as the Executive Director of Kids Play Safe and the Graduate Chair of Physiology at Kaplan University.

*(A request of the complete presentation may be made for any additional information)*

For the past year, we have been conducting a national ongoing research on indoor playgrounds. So far, we have been to 19 states in Canada and more than 8 national food chains, some independently owned, more than 70 locations, 20 of which are in Arizona. In Arizona, I researched establishments in various cities including Chandler, Tempe, Mesa, Gilbert, Maricopa, Paradise Valley, Scottsdale and Tucson. To ensure that the data we were getting was reliable we used three different labs. We made sure to collect data from both rural and urban areas and establishments that represented areas of both high and low socioeconomic statuses. In addition, we researched bacterial factors on children's health. We also reviewed the manufactures guidelines on maintaining the indoor play area. The guidelines we researched states that there should be daily inspections to indoor playgrounds to keep children safe specifically related to places where both eating and playing. The FDA, CDC and consumer products commission all have guidelines related to children's indoor play. All of these guidelines state the same thing, that there should be daily inspections related to cleaning and maintenance in order to keep the children safe. IN areas specific to toddler play there should also be spot cleaning throughout the day in the event that an accident occurs, such as vomit or feces, so that these issues are taken care of quickly so that the other children are not exposed to this unnecessarily.

These indoor play areas are designed for children between the ages of 2-12. According to the FDA and CDC, this population is at greatest risk for illness and injury. That's why it is important to take greater precaution for this age. Dr. Carr-Jordan showed in her presentation pictures of her findings from all of these various establishments within Arizona in the past year. These pictures show a children size view of where kids have had their hands and also because most of these areas require to not wear their shoes in most of these areas and during the summer months a lot of kids do not wear socks so their hands, knees and feet are all coming into contact with these areas. According to the pictures, Dr. Carr-Jordan points out areas that are not in line with the recommended guideline of daily cleaning and maintenance.

Some of the pictures include findings of unsanitary conditions that include hair, mold, food, debris. In addition, some findings show foul language that has been written, which a concern is being that most of the children in these areas are early readers. Another example is a picture finding human species that has been there for a long time, in the toddle area specifically, located right before you climb onto the structure. This picture shows the need for a hand washing station right inside the indoor play area so that they can address the spread of anything right away. Other findings include pubic hairs, mold,

garbage, grime, gum, dust, rodent droppings and food next to areas that have not been cleaned in a while. Other findings include broken equipment that can cause injury to children who play in these structures.

At this time, Dr. Annissa Furr spoke about the common misconceptions of bacteria and the risk that these indoor play areas have on children. Dr. Furr has a PhD in microbiology. This presentation focuses on the bacteria that were found while working on this research project. Some of the bacteria findings that were shown on the presentation include bacillus cereus (food poisoning), coliforms (fecal bacteria), Escherichia coli (gastric problems), Vibrio species, etc. Dr. Furr presented a slide that showed the number of organisms that were found on/in these structures. She mentions that usually if one or two cells are found on structures it is not likely to cause illness or be harmful but with the numbers they found in this project, they recognize lots and lots of bacteria and specifically in small areas. What she is finding is that this bacterium is finding food and moisture and therefore the bacteria grows at a high rate.

Dr. Furr also went over some myths that are out there. There is a myth about outdoor versus indoor play ground areas. With outdoor play areas you will not see the number/level of bacteria similar to the indoor play areas because for one they are going to be exposed to sunlight. They are not going to be exposed to common temperatures. Most bacteria can live up to body temperature and as previously stated indoor play areas provide moisture and food that allow the bacteria to continue to grow.

Dr. Furr also discusses the immune system of a child versus an adult. Most microbiologists ask the question, "Well, don't we need to expose children to bacteria? Shouldn't we build up their immune systems?" The answer to this question is absolutely, however, exposing them to pathogens is not the way to do that. You never want to expose a child to pathogens.

The other common question that is raised is if these findings are seen in a normal environment sample. Dr. Furr responds saying that bacteria are everywhere but in these large numbers this is not a normal environmental sample. She also used the example that if you go and swab your floor you are not going to see numbers of bacteria at this level.

Dr. Carr-Jordan resumed with the presentation. She reiterated that the findings had nothing to do with whether these establishments were in low versus high socioeconomic areas, rural versus urban or if they were owned by major corporations or independently owned. She also stated that with doing this research she would have hoped things would have gotten better but they have not and we are discussing the safety of children who are at a greater risk. This is something that we can do to help them right away. Dr. Carr-Jordan discusses how much media coverage is out there related to this discussion. The reason is because we are talking about children's health and safety and because this is an easily corrected problem. The data clearly shows the need and the manufacturers have set guidelines.

Supervisor Brock wrapped up the discussion by encouraging and asking the Board of Health to set an ordinance similar to how we already inspect restaurants and food permits with eating areas and as we inspect restrooms inside restaurants, that those restaurants that choose to have play areas may also be inspected for these types of

bacteria and harmful pathogens. We have had some preliminary discussions with some restaurants and they say this is another burden. However, we say, no more burdensome than cleaning up your restrooms. We are not asking for any specific type of chemicals or schedule. At this point, we would settle for soap and water on a regular basis. My desire is that Maricopa County step up and be a leader in this area that restaurants across the nation and across the state would take advantage of this invitation to include cleanliness as part of their ongoing service if they choose to have indoor play areas.

Supervisor Stapley asked the presenters and Supervisor Brock if they had been working with the Arizona Restaurant Association or talking to restaurant owners. Dr. Carr-Jordan replied saying she has been in contact with restaurant owners in Arizona as well as president of Restaurant Associations nationally. My initial discussion was that if the data didn't reflect that the industries had made corrective measures on their own that he would work on this behalf or remain neutral. The data clearly shows that no corrections have been made. If you are aware of a problem, the manufacturer's guideline says to shut it down until it is acceptable for children to go back in.

Dr. Jasser asked if there was a reason the focus was on food establishments as opposed to other establishments that have indoor play areas such as offices, hospitals, etc. Supervisor Fulton Brock responded by saying that the county has some sort of authority to grade these establishments that have food. It is primarily in food service areas that we are seeing kids play and eat.

How many indoor play areas that we are talking about within Maricopa County? Dr. Carr-Jordan did not know how many within Maricopa County but there are 15,000 approximate in the United States. What does the research show in terms of children that have been hospitalized or gotten sick? There is research related to injuries. As far as health concerns go, that data is anecdotal. This data shows that there are strong correlations between kids getting sick and indoor play areas.

What are the manufacturer's say about getting into these small areas to clean? How is it possible? Dr. Carr-Jordan responded saying that they say that they owner operator be aware of the guidelines, that they have staff that they train very specifically to make sure they are cleaned properly and there are companies that you can hire at a nominal fee who specialize in this that have the proper materials that can come in and deep clean and make sure that the bacteria level is kept to a minimal that is not putting children at risk.

Our task today is to agree on whether we should start a stakeholder process if this is something that the Board of Health would be interested in the Environmental Services Department to start

Ms. Sherry Gillespie of the Arizona Restaurant Association spoke on behalf of a member of the public spoke. Ms. Gillespie thanked Dr. Carr-Jordan for her work in this research and also said that on behalf of the Arizona Restaurant Association they were willing to work with her, various restaurants, stakeholders, etc to ensure that changes are being made that are reasonable. With the way the ordinance is written now, we don't feel that this is something that would work to benefit all parties for a variety of reasons. One reason, something that had been addressed previously, is that from restaurant to

restaurant and eating and drinking establishments, you're coming across a whole different line of play structures and play equipment. As Dr. Carr-Jordan alluded to, there are pretty extensive guidelines that the ASM has put in place that are given to the restaurant on how to properly clean the areas. So, trying to put a one type fits all approach into an ordinance for these different establishments wouldn't make sense to us. I know you had mentioned the doctor's office and some other places that may also fit into this category, but we also went further and considered US Airways has a play structure that serve food, all Harkins Theatres and other restaurants, day cares and churches. We met with several restaurants that showed us an 8 page document that shows how the deal with these situations and the guidelines that they adhere too.

Just to address some of the things that Dr. Carr-Jordan had talked about. I was in the meeting with the restaurant association president. It really has only been four months since we had that meeting and so we are only really looking at 3 months of time for restaurants to correct themselves related to this issue. I don't feel like 3 months is enough time to correct this kind of issue. We are definitely happy to work on the stakeholder process, work with the county and all the other folks on this.

A question was asked if Ms. Gillespie knew what specifically was being done to address this issue in these three months. Have meetings taken place during these three months? Ms. Gillespie responded saying that the restaurant association has had several meetings with different franchises and groups, obviously the ones that are members of our association. We have taken this issue nationally. We have really been putting a pool of information together and what we can do to address it.

Attorney Anne Longo interjected to warn the board of health that when we are speaking with the public that we not get into a discussion especially since what we are discussing, as far as what the restaurant association is doing and other things, this goes a little beyond what we have listed on the agenda. What you may want to do is for the next meeting to have something on the agenda allowing for the Restaurant Association to present.

With that being said, Mr. Cassano excused Ms. Gillespie after asking her if there was anything further she would like to say.

Supervisor Stapley made the motion to move toward having staff look into the stakeholder process and report back to us at our next board meeting. Andy Ingram seconded the motion. The motion passed unanimously.

#### **4. Environmental Health Code (MCEHC) – Revision to Fee Waivers**

Mr. Kolman presented to the board on an update regarding volunteer cards for people doing charity work. Per the board's direction, we went to speak to several agencies, most of which was in regard to students needing these cards for their culinary program. Mr. Kolman presented a new code that would allow students to obtain a card by waiving the fee if they show a financial hardship. Mr. Kolman said that the department is happy with the new language and would like to proceed with the board of health's recommendation to move to the Board of Supervisors. One thing we do ask is that this recommendation also carries with it a general fund support because with this kind of code we would actually be looking at a \$200,000 department with the revenue going away from it. We can have the cards

differentiated between the normal cards so that we can have them identifiable when we are out in the field.

Supervisor Stapley made the motion to recommend the new code with corrections from the conversation that was just had to the board of supervisors. Dr. Jasser seconded the motion. The motion passed unanimously.

## **DISCUSSION ITEMS**

### **1. Public Health Report**

**Dr. Bob England presented the following matters to the Board.**

**Public Health Week** – We did a lot of internal self education. We did a lot of events and lectures for our own staff taking advantage of our own staff expertise. It was intended as a morale boost and I think it came off that way. I did the first department wide webinar. Long ago we use to try and have an All Hands meeting where we would shut down operations and come together but we just can afford to do that anymore. The webinar went pretty good and was really reasonably well received. We plan on continuing this type of communication as we go forward.

**Community Health Assessment and Improvement** – I would like to present at the next meeting a longer presentation on our community health assessment and improvement process. These are first steps to eventually accreditation of the department. It is a lot more involved than you might first think. I would like you to understand the process that we are going through so that when we come out of this at the end you will have a feel for how much credence to give it and how to react to the final data and recommendations. So you can understand where it is strong and where it is weak so that you can see how much you can put in.

During the finance committee presentation committee, they make it clear that we continue to have extreme financial cuts in public health. While we have taken some serious cuts in some areas, we still have the promise of some funding that we hope to get in the near future and some that we know we are going to receive for other programs. But the level of flux makes it difficult for us to plan to do things. First Things First, our child care health consultation budget by 68%. This is only the second or third year that we have received this funding. We took a program, built it pretty dramatically and then to suddenly to have it cut makes it difficult to go and build other programs.

One of the places that we will potentially have difficulties is in our refugee program. We do initial clinical screening of refugees sent to our community that the federal government assigns here. We don't do the follow up care for them. We do the initial screening and referral. We are now having to bill AHCCCS insurance for extended services. We have a program that is entirely fee based that has some swings that are out of our control. We will have to see how it works out.

I need to make you also aware of some changes in vaccine funding that is happening nationwide. Funding from vaccines comes from a variety of different resources. You may have heard the term vaccine for children, an entitlement program where kids fall into a group such as Native American, Alaskan, on KIDS Care. These kids are eligible for vaccines and the federal government will make available vaccines for them as long as they remain eligible. If a child is underinsured, meaning insurance covers some vaccines but not all of them, then we have used different mechanisms to pay for this. We use to have a state

vaccine fund of 10 million dollars that was eliminated. When this happened, our community health centers stepped up, and wrote a delegation agreement to private physicians. The federal government has gotten around to saying this isn't legal and as of January 1<sup>st</sup>, they can no longer do that anymore. That leaves only a pot of money that is called Free 17 money that is not entitlement it is a federally funded mechanism that varies from year to year. These monies currently are being used by local health department to pay for insured kids. You may ask why we need funds to pay for kids who are insured. We try to bill the insurance companies of these kids. There is a requirement for anyone who is on ACCCHS and receives vaccines by the local health department that ACCCHS pays for that vaccine; this same requirement is not required by private insurances. Some private insurance are reimbursing us for vaccines and some private insurances are not because they say we are not on their provider list. The problem with that is that more and more providers are getting out of the vaccine business because they are losing money. The reimbursement rate for vaccines is all over the place from insurance plan to insurance plan. Some primary medical care providers even say that they refer some or all of their patients to public health to get their vaccines. We have this weird thing where the feds are moving toward eliminating other support for vaccines while we have private providers sending kids to us for vaccines and private insurance companies that are not reimbursing us. So, we don't have any money to pay for this. Some of these vaccines are pretty costly. All I am trying to do is making you aware of this. The most promising response to this issue that is being worked out in the legislation today is the insurance mandate that requires picking up the cost of these vaccines of the providers. This may or may not fix the problem. Some of the major insurers have approached legislative leadership and have proposed a vaccine association and a universal vaccine phase based on the Washington state model where the insurance companies figure out what their portion of the covered population is and we figure out how much vaccinating everyone would cost, they frontload fund it by paying their share and public health buys the vaccine and then distributes it. This would be ideal.

**Adjournment**

Supervisor Stapley motioned to adjourn the meeting. Francisca Montoya seconded the motion. The motion passed unanimously. The meeting was adjourned at 4:35 pm.